09-987633 Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

200P34887/

CLAIMS AS FILED - PART I (Column 1)						nn 2)	_	MALL EN		OR	OTHER SMALL E		
TOTAL CLAIMS			21					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	i I
TOTAL CHARGEABLE CLAIMS			minus 20=		• 1]			X\$ 9=		OR	X\$18=	198	
INDEPENDENT CLAIMS			minus 3 =		18			X42=		OR	X84=	1512	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=	·	OR	+280=		
* If the difference in column 1 is less than zero, enter "0" is						olumn 2		TOTAL		OR		2450	
CLAIMS AS AMENDED - PART II								SMALL	ENTITY	OR	OTHER SMALL E	THAN	
		(Column 1) CLAIMS			mn 2) HEST	(Column 3)	1	SINALE	ADDI-	1		ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	. 3/0	Minus	** 3	31	= 9		X\$ 9=		OR	X\$18=	162	
	Independent	. 22	Minus	*** &		= /		X42=		OR	X8/4=	84	
4	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDEN	IT CLAIM		1	+140=		OR	+280=		
								TOTAL		OR		248	1,
				(0.1	0)	(Column 3		ADDIT. FEE		J • · ·	ADDII. FEE		1
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER		HIG NU PREV	umn 2) HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	Ark				X42=		OR	X84=		1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=	 	OR	200		1
								TOTAL	 	-	TOTAL		┨
								ADDIT. FEE		JOR	ADDIT. FEE	L	┨
		(Column 1)			umn 2)	(Column 3)			_			4
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NU PRE	SHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE	-
N N	Total	*	Minus	**		=		X\$ 9=		OF	X\$18≃		
	Independent		Minus	***				X42=		OF	X84=		٦
I	FIRST PRESE	NTATION OF N	MULTIPLE DE	PENDE	NT CLAII	И		1140-		1			1
	القيام معلم أم معاد	ıma 1 je loce than	the entry in co	lumn 2. w	rite "O" in o	column 3.		+140=		OF	TOTA		┨
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **OP TOTAL ADDIT. FEE **OF TOTAL ADDIT. FEE **OF TOTAL OF ADDIT. FEE **											<u> </u>	1	
	The "Highest Nur	mber Previously P	aid For" (Total	or Indepe	endent) is t	ne nignest nun	ıDer	iounu iri ine a	thhinhiere c	III			1